

Statement of Medical Necessity

This form functions as a Prescription and Letter of Medical Necessity for the Deltec Cozmo® Insulin Pump and related software from Smiths Medical, and all associated diabetes management supplies for one year.



Patient Name: _____ **DOB (dd/mm/yr)** _____
Address: _____ **City:** _____
Province: _____ **Postal Code:** _____
Home Tel: _____ **Work Tel:** _____
Email Address: _____

Existing conditions listed support the starting and/or continuation of insulin pump therapy with the Deltec Cozmo® Insulin Pump

Check all that apply:

- Patient is motivated to maintain optimal control of his/her diabetes
- Patient's current insulin pump is out of warranty
- Patient requires newer technology that is not available on their current pump.
- Patient has the ability to operate and can use an insulin pump to manage their blood glucose
- Patient performs four or more self monitored blood glucose tests per day
- Patient has been doing MDI consisting of _____ injections per day

Clinical indications for insulin pump therapy

Check all that apply:

- Wide fluctuations in blood glucose values _____ to _____ mmol/l
- AM hyperglycemia (dawn phenomenon)
- Hypoglycemia unawareness
- Nocturnal hypoglycemia
- Diabetes ketoacidosis
- Pregnancy or preconception planning
- Recent A1c values _____% _____%
- Other lab values _____ BUN _____ Creatinine _____ Microalbuminuria
- Uncontrolled glycemic control post-renal transplant
- Nephropathy
- Neuropathy
- Retinopathy
- Other conditions: _____

Patient requires a Deltec Cozmo Insulin Pump due to the listed features specific to this pump

Check all that apply:

- Patient needs to increment basal rates in 0.05 units per hour
- Patient needs the ability to deliver a bolus in increments as small as 0.05 units
- Patient has hypoglycemia unawareness and would benefit from pump accurately calculating insulin dose depending on amount of carbohydrate in their meal
- Patient would benefit from pump accurately calculating insulin dose for correction boluses
- Patient is subject to DKA and would benefit from the "Missed Bolus Alert" alert
- Patient needs the ability to set temporary basal rates for up to 72 hours
- Patient requires an easy to read menu driven pump that does not require memorization of symbols
- Patient is subject to infusion site irritation and would benefit from the "Site Change Reminder" alert
- Patient would benefit from the "Blood Glucose Test Reminder" Alert

Pump prescription includes

Check all that apply:

- Deltec Cozmo Insulin Pump and related software
- Infusion Sets: brand of patient choice _____ 23 inch _____ 31 inch _____ 43 inch
- Insulin Cartridge 3ml (300 unit)
- Ship to physician office

Pump Training

Check all that apply:

- Teaching will be completed by physician
- Please arrange for the teaching by contracted Personal Pump Trainer

Physician Information

Physician Name: _____
Office Address: _____
City: _____
Province: _____
Postal Code: _____
Phone: (_____) _____ Fax #: (_____) _____
E-mail: _____
Signature: _____

Fax Toll Free To 1.800.699-5936

Insurance Specialist:
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